

Standards Procedure (Skill) Airway Section

Airway: Intubation Oral Tracheal

Clinical Indications:

- Inability to adequately ventilate a patient with a Bag Valve Mask or longer EMS transport distances require a more advanced airway.
- An unconscious patient without a gag reflex who is apneic or is demonstrating inadequate respiratory effort.

A	AEMT	A
P	PARAMEDIC	P

Procedure:

1. Prepare, position and oxygenate the patient with 100% Oxygen.
2. Select proper ET tube (and stylette, if used), have suction ready.
3. Using laryngoscope, visualize vocal cords. (Use Sellick maneuver/BURP to assist you).
4. Limit each intubation attempt to 30 seconds with BVM between attempts.
5. Visualize tube passing through vocal cords and/or feel "clicks" of bougie.
6. **Confirm and document tube placement using end-tidal CO₂ monitoring**
7. Inflate the cuff with 3-to10 cc of air; secure the tube to the patient's face.
8. Auscultate for bilaterally equal breath sounds and absence of sounds over the epigastrium. If you are unsure of placement, remove tube and ventilate patient with bag-valve mask.
9. Apply waveform capnography monitor. After 3 ventilations, ETCO₂ should be >10 or comparable to pre-intubation values. If < 10, check for adequate circulation, equipment, and ventilatory rate. If ETCO₂ still < 10 without physiologic explanation, remove the ET Tube and ventilate by BVM.
10. Consider using a Blind Insertion Airway Device if intubation efforts are unsuccessful.
11. Apply end tidal carbon dioxide monitor (waveform Capnography) and record readings on scene, en route to the hospital, and at the hospital.
12. Document ETT size, time, result (success), and placement location by the centimeter marks either at the patient's teeth or lips on/with the patient care report (PCR). Document all devices used to confirm initial tube placement. Also document positive or negative breath sounds before and after each movement of the patient.
13. Place an NG or OG tube to clear stomach contents after the airway is secured with an ET tube.
14. **It is required that the airway be monitored continuously through Waveform Capnography and Pulse Oximetry.**

Certification Requirements:

- Maintain knowledge of the indications, contraindications, technique, and possible complications of the procedure. Assessment of this knowledge may be accomplished via quality assurance mechanisms, classroom demonstrations, skills stations, or other mechanisms as deemed appropriate by the Wake EMS System. Assessment should include direct observation at least once per certification cycle.